



**4. PRESENT EMPLOYMENT****(Complete only if applicable)**

Name and address of employer (if applicable)	(Place a (√) in the appropriate box)	Capacity in which you are employed (if applicable)
	Industry / Commerce	<input type="checkbox"/>
	Local Government Sector	<input type="checkbox"/>
	Central Government Sector	<input type="checkbox"/>
	Accounting Practice	<input type="checkbox"/>
	Student Scholar	<input type="checkbox"/>
Telephone No.	Parastatal	<input type="checkbox"/>

**5. ROUTE TO SAAA QUALIFICATION**

Applications should indicate by ticking (√) the appropriate box alongside which one of the course alternatives they intend to follow and should ascertain the availability of the course selected before completing this form

Part Time       Full-Time       Self Correspondence  .....

.....  
(Indicate where applicable)

**6. DECLARATION**

(i) I declare that the information given in this application is true and complete to the best of my knowledge and belief and acknowledge that any statement in which is false may invalidate the application and any decision reached thereon by the Association

(ii) I have read and understood the SAAA Brochure.

(iii) \* This is my first application for registration as a student

OR

\* I previously applied for registration as a student in \_\_\_\_\_ / \_\_\_\_\_  
(month) (year)

Signed \_\_\_\_\_

Date \_\_\_\_\_

(Delete the Inapplicable)

<b>7. SUBJECT EXEMPTIONS</b>			<b>FOR 'SAAA' OFFICIAL USE ONLY.</b>
<b>Subjects(s) for which Exemption is claimed</b>	<b>Subjects Course successfully Completed</b>	<b>Month &amp; year in which obtained</b>	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
<p><b>If necessary additional information in this respect may be detailed in the space provided below or in an accompanying letter. Proof of courses successfully completed must be enclosed.</b></p>			

**RECOMMENDATION****References:**

1. \_\_\_\_\_ Tel: \_\_\_\_\_

2. \_\_\_\_\_ Tel: \_\_\_\_\_

**OFFICE USE ONLY**

Eligibility verified \_\_\_\_\_

Results notified \_\_\_\_\_

Address List up dated \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_

Subscription \$ \_\_\_\_\_

Exemption Fee \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Receipt No \_\_\_\_\_

Registration No \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_

Date: \_\_\_\_\_